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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 09-01-2010 and ending 08-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Good Samaritan Hospital

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 616 South Witmer Street

Room/suite

City or town, state or country, and ZIP + 4
Los Angeles, CA 900171912

D Employer identification number
95-1656366

E Telephone number
(213) 977-2010

G Gross receipts $ 328,280,480

F Name and address of principal officer
Andrew B Leeka
616 South Witmer Street
Los Angeles, CA 900171912

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW GOODSAM ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1885

M State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Provide accessible, quality cost-effective, healthcare services at 408-bed hospital in LA

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	31
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	30
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	1,756
6	Total number of volunteers (estimate if necessary)	**6**	30
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	374,626
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-13,912

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	5,705,168	8,735,356
	9 Program service revenue (Part VIII, line 2g)	280,801,581	304,535,116
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,024,949	9,273,290
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,672,043	1,769,308
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	297,203,741	324,313,070
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,830,644	2,757,061
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	132,452,606	140,588,254
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶1,198,272		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	156,836,266	157,888,340
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	291,119,516	301,233,655
	19 Revenue less expenses Subtract line 18 from line 12	6,084,225	23,079,415

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	388,901,723	413,688,317
	21 Total liabilities (Part X, line 26)	166,869,460	158,646,027
	22 Net assets or fund balances Subtract line 21 from line 20	222,032,263	255,042,290

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer — Date: 2012-07-12

ALAN M INO CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
DIANA J McCUTCHEN	DIANA J McCUTCHEN		☐	

Firm's name ▶ DELOITTE TAX LLP — Firm's EIN ▶

Firm's address ▶ 695 TOWN CENTER DRIVE SUITE 1200
COSTA MESA, CA 92626 — Phone no ▶ (714) 436-7100

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

To provide accessible, quality, cost-effective community healthcare The hospital operates a 408-bed facility in inner-city Los Angeles

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 269,504,270 including grants of $ 2,757,061) (Revenue $ 304,535,116)

The Hospital is primarily engaged in providing inpatient and outpatient medical care for the general community regardless of ability to pay Fiscal year August 31, 2011 patient days totaled 76,220 and outpatient visits totaled 92,325 The Hospital has a policy to treat emergency and certain other patients regardless of their ability to pay Consistent with the Hospital's tax-exempt status and community service responsibilities, the Hospital provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates Under the Hospital's policy, charity care may be provided to people who are uninsured or under-insured and can not afford to pay for their own medical care Because the Hospital does not pursue collection or amounts determined to qualify as charity care, these are not included in net patient revenues In some instances, charity care cases are identified subsequent to the occurrence of collection activities and may be classified as bad debts Therefore, the Hospital is unable to determine actual total charity activity Charitable care not included in net patient revenue was approximately $10,507,560 for fiscal year 2011 The Hospital also provides services to patients under Medi-Cal and other publicly sponsored programs which reimburse the Hospital at amounts less than the cost of the services provided to patients In addition, health screenings and other benefits were provided for its community The unreimbursed cost of these benefits and services were approximately $23,999,466 for fiscal year 2011

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 269,504,270

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☑ Yes ☐ No			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	473		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	1,756		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			14b		

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	31		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	30		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Does the organization have members or stockholders?		6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ CA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

Reuben V Barboza
637 S LUCAS AVENUE 3RD FLOOR
Los Angeles, CA 90017
(213) 482-2725

Part VII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII . . . . . ☑

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								3,436,635	0	98,788

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 320

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Crothall Healthcare Inc 955 Chesterbrook Blvd Suite 300 Wayne, PA 19087	Environmental Services	4,886,090
Sodexho Marriott Services 711 Kimberly Avenue Suite 250 Placentia, CA 92870	Dietary Services	3,323,517
Wellspring Partners 123 N Wacker Suite 900 Chicago, IL 60606	Consulting	1,912,531
Universal Hospital Services Inc PO Box 86 Minneapolis, MN 554860940	Equipment Maintenance	1,449,130
Total Renal CareDavita PO Box 403008 Atlanta, GA 30384	Dialysis Service	1,243,865
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 80		

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . . 1a					
	b Membership dues 1b					
	c Fundraising events 1c	77,050				
	d Related organizations . . . 1d	2,879,523				
	e Government grants (contributions) 1e					
	f All other contributions, gifts, grants, and similar amounts not included above 1f	5,778,783				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f . . . . . ▶		8,735,356			
Program Service Revenue		Business Code				
	2a Net Patient Revenue	900099	303,402,532	303,402,532		
	b Rental Income	532000	714,315	714,315		
	c Child Care Center	624410	406,748	406,748		
	d Symposium Revenue	900099	11,521	11,521		
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶		304,535,116			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		9,100,344			9,100,344
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . . ▶					
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) . . . . . ▶					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	4,063,189				
	b Less cost or other basis and sales expenses	3,890,243				
	c Gain or (loss)	172,946				
	d Net gain or (loss) . . . . . ▶		172,946			172,946
Other Revenue	8a Gross income from fundraising events (not including $ 77,050 of contributions reported on line 1c) See Part IV, line 18 . . . a	64,565				
	b Less direct expenses . . . b	77,167				
	c Net income or (loss) from fundraising events . . ▶		-12,602			-12,602
	9a Gross income from gaming activities See Part IV, line 19 . a					
	b Less direct expenses . . . . . b					
	c Net income or (loss) from gaming activities . . ▶					
	10a Gross sales of inventory, less returns and allowances . a					
	b Less cost of goods sold . . b					
	c Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code				
	11a Parking Lot	812930	595,863		29,485	566,378
	b Physician Mgmt Service	621110	246,034		246,034	
	c Non-patient Lab	621500	99,107		99,107	
	d All other revenue		840,906			840,906
	e **Total.** Add lines 11a–11d . . . . . ▶		1,781,910			
	12 **Total revenue.** See Instructions . . . ▶		324,313,070	304,535,116	374,626	10,667,972

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	2,757,061	2,757,061		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,573,207	458,880	1,858,326	256,001
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	98,539,564	89,731,365	8,503,839	304,360
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,581,046	5,902,895	678,151	
9 Other employee benefits	24,401,878	21,844,398	2,489,771	67,709
10 Payroll taxes	8,492,559	7,682,686	765,831	44,042
a Fees for services (non-employees) Management				
b Legal	966,182		966,182	
c Accounting	376,308	9,940	366,368	
d Lobbying	68,452		68,452	
e Professional fundraising services *See Part IV, line 17*				
f Investment management fees				
g Other	32,606,294	26,932,716	5,523,436	150,142
12 Advertising and promotion	970,632	133,090	837,542	
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	477,203	476,649	554	
17 Travel	111,052	57,373	48,783	4,896
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	4,682,472	4,682,472		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,643,947	6,777,564	2,866,383	
23 Insurance	2,338,189	1,512,446	825,743	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a Supplies	51,171,380	50,986,298	157,091	27,991
b Hospital Fee Program	22,985,172	22,985,172		
c Bad Debts	13,383,200	13,383,200	0	0
d Repairs & Maintenance	7,287,692	4,542,722	2,744,586	384
e Utilities	3,355,968	3,343,235	12,733	
f All other expenses	7,464,197	5,304,108	1,817,342	342,747
25 **Total functional expenses.** Add lines 1 through 24f	301,233,655	269,504,270	30,531,113	1,198,272
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		5,990,871	1	13,112,844
	2	Savings and temporary cash investments		6,301,901	2	6,559,400
	3	Pledges and grants receivable, net		13,415,384	3	14,111,669
	4	Accounts receivable, net		37,448,400	4	35,763,304
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net		14,539,197	7	16,034,956
	8	Inventories for sale or use		1,412,209	8	1,399,114
	9	Prepaid expenses and deferred charges		14,711,289	9	13,918,132
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 366,676,945			
	b	Less accumulated depreciation	10b 274,042,236	90,042,237	10c	92,634,709
	11	Investments—publicly traded securities		202,818,058	11	217,975,854
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		2,222,177	15	2,178,335
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		388,901,723	16	413,688,317
Liabilities	17	Accounts payable and accrued expenses		43,712,620	17	42,837,100
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		65,001,657	20	60,880,882
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		58,155,183	25	54,928,045
	26	**Total liabilities.** Add lines 17 through 25		166,869,460	26	158,646,027
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		127,198,187	27	157,290,065
	28	Temporarily restricted net assets		37,500,428	28	40,418,577
	29	Permanently restricted net assets		57,333,648	29	57,333,648
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		222,032,263	33	255,042,290
	34	Total liabilities and net assets/fund balances		388,901,723	34	413,688,317

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	324,313,070
2	Total expenses (must equal Part IX, column (A), line 25)	2	301,233,655
3	Revenue less expenses Subtract line 2 from line 1	3	23,079,415
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	222,032,263
5	Other changes in net assets or fund balances (explain in Schedule O)	5	9,930,612
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	255,042,290

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Good Samaritan Hospital

Employer identification number
95-1656366

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(f)** Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(f)** Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	**15**	
16	Public support percentage from 2009 Schedule A, Part III, line 15	**16**	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	**17**	
18	Investment income percentage from **2009** Schedule A, Part III, line 17	**18**	

19a **33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
Good Samaritan Hospital	95-1656366

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $

3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group
B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		68,452
j	Total lines 1c through 1i			68,452
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information

Identifier	Return Reference	Explanation
Explanation of Other Lobbying Activities	Part II-B, Line 1i	Lobbying represents a portion of the dues Good Samaritan Hospital pays to the Hospital Association of Southern California and payments to Griffin & Associates

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Good Samaritan Hospital

Employer identification number
95-1656366

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	57,333,648	57,316,151	57,313,907		
b Contributions		17,497	2,244		
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	57,333,648	57,333,648	57,316,151		

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 100 000 %
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)	Yes	
(ii) related organizations	3a(ii)		No

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		11,395,670		11,395,670
b Buildings		128,512,086	95,000,857	33,511,229
c Leasehold improvements				
d Equipment		210,156,880	176,144,821	34,012,059
e Other		16,612,309	2,896,558	13,715,751
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				92,634,709

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Reserve For Self-Insured Programs	6,233,552
Pension Plan	19,091,298
Advances From Third Party Payors	9,211,818
Reserve For Asset Retirement Obligation	7,251,390
Other Long Term Reserves/Liabilities	12,422,270
Intercompany Payable	717,717
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	54,928,045

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Description of Intended Use of Endowment Funds	Part V, Line 4	For Specific purposes listed by the donors
Description of Uncertain Tax Positions Under FIN 48	Part X	THE HOSPITAL, SIC, AND MOB ARE NOT-FOR-PROFIT CORPORATIONS AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE "CODE") AND ARE EXEMPT FROM FEDERAL INCOME TAXES PURSUANT TO SECTION 501(A) OF THE CODE THEY ARE EXEMPT FROM STATE FRANCHISE TAXES UNDER SIMILAR STATUTES ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS DURING THE YEARS ENDED AUGUST 31, 2011 AND 2010, THE HOSPITAL DID NOT RECORD ANY LIABILITY FOR UNRECOGNIZED TAX CONTINGENCIES

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Good Samaritan Hospital

Employer identification number
95-1656366

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 Golf Tournament (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	141,615			141,615
	2 Less Charitable contributions	77,050			77,050
	3 Gross income (line 1 minus line 2)	64,565			64,565
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	48,838			48,838
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	28,329			28,329
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				77,167
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				-12,602

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	**13a**	
b An outside facility	**13b**	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Good Samaritan Hospital

Employer identification number
95-1656366

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care ☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care . . . . . ☐ 200% ☐ 250% ☐ 300% ☑ 350% ☐ 400% ☐ Other _____ %	3b	Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . .	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Does the organization prepare a community benefit report during the tax year?	6a	Yes	
6b	If "Yes," did the organization make it available to the public?	6b		No
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheets 1 and 2)			5,658,169		5,658,169	1 970 %
b Unreimbursed Medicaid (from Worksheet 3, column a)		19,752	76,922,659	74,531,838	2,390,821	0 830 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs		19,752	82,580,828	74,531,838	8,048,990	2 800 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			132,861		132,861	0 050 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			1,148,328		1,148,328	0 400 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			1,076,788		1,076,788	0 370 %
j **Total** Other Benefits			2,357,977		2,357,977	0 820 %
k **Total.** Add lines 7d and 7j		19,752	84,938,805	74,531,838	10,406,967	3 620 %

Part II **Community Building Activities** during the tax year, and describe in Part VI how its community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**						

Part III **Bad Debt, Medicare, & Collection Practices**

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	2	12,605,843		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	98,393,323		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	92,215,946		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	6,177,377		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☐ Cost to charge ratio ☑ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?		9a	Yes	
b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI		9b	Yes	

Part IV **Management Companies and Joint Ventures**

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

	Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
1	Good Samaritan Hospital 616 South Witmer Street Los Angeles, CA 90017	X	X		X	X		X		Hospital research by Institutes

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (Describe)
1	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
		Part I, Line 3c Discounted care is provided to patients that are uninsured and do not meet the charity care eligibility criteria

Identifier	ReturnReference	Explanation
		Part I, Line 7 a) Charity care cost applied cost-to-charge ratio (total patient cost to total charges from FY 2011 Medi-Cal cost report = 22 22%) to charity write offs 7 b) Unreimbursed Medi-Cal cost from cost accounting system that calculated cost of care for all Medi-Cal patients net of payments received and estimated 7 h) Research cost from Research general ledger accounts less funding received

Identifier	ReturnReference	Explanation
		Part I, Line 7, Column (f) The Bad Debt expense included on Form 990, Part IX, Line 25, Column (A), but subtracted for purposes of calculating the percentage in this column is $ 13383200

Identifier	ReturnReference	Explanation
		Part III, Line 4 The Company recognizes patient service revenue on the basis of contractual rates for the services rendered for those patients who have third-party payor coverage For uninsured patients who do not qualify for charity care, the Company recognizes revenue on the basis of its standard rates (or on the basis of discounted rates, if negotiated or provided by policy) Patients covered by insurance, but required to pay deductibles or copayments are considered to be uninsured for those portions Based on historical experience, the Company believes that a significant portion of its patient accounts will be uncollectible Thus, it records a significant provision for bad debts related to patient accounts in the period the services are provided Bad debts are not included as community benefits and contain -0- charity cost Bad debts are calculated based on uncollectible accounts net of contractuals

Identifier	ReturnReference	Explanation
		Part III, Line 8 Filed Medicare cost report

Identifier	ReturnReference	Explanation
		Part III, Line 9b Account Balances for patients that qualify for charity care are written off

Identifier	ReturnReference	Explanation
		Part I, line 7b In October 2010, CMS approved legislation enacted by the State of California that provided for supplemental Medi-Cal payments to be paid to certain hospitals from funds collected from participating hospitals under the state's quality assurance fee program Such amounts were allocated and paid to Good Samaritan Hospital based on prior year patient data, which includes Medi-Cal patients The inclusion of out-of-period revenue in fiscal year 2011 financial results reduced the net unreimbursed Medicaid If these amounts had not been included, the Hospital would have reported a total charity care percentage of 8 87% instead of the 3 62% currently being reported

Identifier	ReturnReference	Explanation
		Part VI, Line 2 Based on a community needs assessment conducted every three years in collaboration with neighboring hospitals and health care organizations, Good Samaritan Hospital develops a yearly community benefit plan that is submitted to the State The plan includes proposed activities designed around disease prevention efforts and improvement of health status along a progress report on goals from the previous year Seven major content areas were identified in previous needs assessments that is included in the community benefit plan Access, Health Behaviors, Risk Behaviors, Chronic Disease, Communicable Diseases, Mental Health and Community and Social Issues

Identifier	ReturnReference	Explanation
		Part VI, Line 3 Signage describing the hospital's charity programs is posted at all points of registration in three languages Also, all uninsured patients are sent a letter with their first bill informing them of the hospital's available charity care programs and personnel to contact for information and application

Identifier	ReturnReference	Explanation
		Part VI, Line 4 Good Samaritan Hospital's primary service area is defined by sixteen zip codes within a five mile radius The zip codes in this area contain a population of one-half million residents, as described in the Year 2000 U S Census Report The zip codes are as follows 90004, 90005, 90006, 90007, 90010, 90012, 90013, 90014, 90015, 90017, 90018, 90020, 90021, 90026, 90057, 90071 Based on the last community needs assessment (2007), Latinos accounted for a majority of the population in the GSH service area (58 7%) and four out of five of its health districts (Central, Hollywood, Northeast and Southeast) The second largest ethnic group in the GSH service area is Asian/Pacific Islanders (19 6%)

Identifier	ReturnReference	Explanation
		Part VI, Line 6 Good Samaritan Hospital provides community building activities to promote health, wellness and safety health fairs, health lectures, hosting cancer support groups, community police advisory board meetings to discuss neighborhood safety, annual Blessing of the Bicycles to promote bike and road safety as well as the benefits of cycling

Identifier	ReturnReference	Explanation
		Part VI, Line 7 Good Samaritan Hospital maintains an active presence in the community through the volunteer and advocacy efforts of its physicians, employees and Board of Trustees The hospital provides support to community clinics by providing services such as transportation for patients to the hospital The hospital also hosts conferences open to the public at no cost on topics related to various health issues prevalent in the community Good Samaritan Hospital publishes Good Health, a community newsletter that goes out to 16,000 households to increase awareness and understanding of medical advances related to cardiovascular care, orthopedic services, transfusion-free medicine and surgery, urology, oncology and womens and newborn services

Identifier	ReturnReference	Explanation
Reports Filed With States	Part VI, Line 7	CA

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Good Samaritan Hospital

Employer identification number
95-1656366

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Heart Institute of the Good Samaritan Hospital 616 South Witmer Street Los Angeles, CA 90017	95-4077161	501(c)(3)	1,458,756		FMV		Expenses paid by the Hospital
(2) Orthopedic Institute of the Good Samaritan Hospital 616 South Witmer Street Los Angeles, CA 90017	95-4346048	501(c)(3)	221,517		FMV		Expenses paid by the Hospital
(3) California Health Foundation and Trust1215 K Street Suite 800 Sacramento, CA 95814	94-1498687	501(c)(3)	1,076,788		FMV		Support charitable activities at hospitals & health systems in California

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 3

3 Enter total number of other organizations . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 The Institutes (Heart and Ortho) do not have their own checking accounts, so all of their expenses (including salaries, wages and benefits) are paid for by the hospital and are all recorded in each of the Institutes' accounts in the General Ledger, thru intercompany due to and from accounts on both sides (Institutes' and Hospital's) Grants will only be made to 501(c)(3) organizations to ensure the funds will be used properly

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Good Samaritan Hospital

Employer identification number
95-1656366

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Andrew Leeka	(i)	503,791	0	52,444	7,350	3,180	566,765	0
	(ii)	0	0	0	0	0	0	0
(2) Alan M Ino	(i)	366,693	0	22,000	7,350	2,516	398,559	0
	(ii)	0	0	0	0	0	0	0
(3) Susan Harlow	(i)	231,806	0	16,500	7,350	345	256,001	0
	(ii)	0	0	0	0	0	0	0
(4) Lexie Schuster	(i)	231,588	0	14,837	7,350	0	253,775	0
	(ii)	0	0	0	0	0	0	0
(5) Sammy Feuerlicht	(i)	234,717	0	0	7,110	2,283	244,110	0
	(ii)	0	0	0	0	0	0	0
(6) Dan McLaughlin	(i)	239,191	0	0	2,911	2,516	244,618	0
	(ii)	0	0	0	0	0	0	0
(7) Patricia Rives	(i)	239,294	0	0	0	712	240,006	0
	(ii)	0	0	0	0	0	0	0
(8) Berniece Deol	(i)	218,636	0	0	0	239	218,875	0
	(ii)	0	0	0	0	0	0	0
(9) Ching Chen	(i)	227,827	0	20,013	7,350	2,316	257,506	0
	(ii)	0	0	0	0	0	0	0
(10) Ira Meiselman	(i)	178,003	20,000	22,000	6,150	5,016	231,169	0
	(ii)	0	0	0	0	0	0	0
(11) Hilarion Castillo	(i)	186,588	0	24,760	6,410	2,323	220,081	0
	(ii)	0	0	0	0	0	0	0
(12) Daniel Moreno	(i)	190,962	0	18,615	2,551	4,796	216,924	0
	(ii)	0	0	0	0	0	0	0
(13) Steve Garcia	(i)	165,475	0	10,895	5,448	5,216	187,034	0
	(ii)	0	0	0	0	0	0	0
(14)								
(15)								
(16)								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Good Samaritan Hospital

Employer identification number
95-1656366

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 1		The Executive Committee consists only of no less than five and no more than eleven members of the Board of Directors Three of the members will be the Chairman of the Board, the President of the organization and the Chairman of the Medical Staff The others will be appointed, after considering nominations by the Chairman Between meetings of the Board of Directors, the Executive Committee will have and exercise all the authority of the Board in the management of the organization At meetings of the board of Directors, the Executive Committee will report on actions taken between the meetings, and will propose actions to the Board of Directors The Executive Committee will meet on the call of the Chairman of the Board or the President Four members of the Committee shall constitute a quorum

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		Mrs Borthwick, a board member of Good Samaritan Hospital has a family relationship with Mr Charles Munger, chairman of the board Clark Willard Porter has a family relationship with Glen H Mitchel, Jr who are board members

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		The organization works with an independent accountant, Deloitte Tax LLP, to prepare the Form 990 Once the return is prepared, the return is reviewed by the Chief Financial Officer and the Controller The draft of the Form 990 is presented to the Audit Committee Subsequent to review by the Audit Committee, the CFO and the Controller will provide any final comments to Deloitte Tax LLP Deloitte Tax LLP makes all changes necessary and a final Form 990 is made available to all board members

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 12c	All board members and officers are required to complete a conflict of interest disclosure statement each year The policy requires each governing body member to disclose any conflict on a particular matter that may arise, and recuse him or herself from deliberations and votes on such matters The policies are monitored by the Director of Risk Management of the Good Samaritan Hospital and are enforced by the Audit Committee Chairperson

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 15	A subcommittee of the governing board's executive committee is responsible for determining the Chief Executive Officer's compensation This subcommittee is given comparison data on CEO salaries and benefits from comparable hospitals in the local area, prepared by human resources from 990s, and salary surveys completed by the local hospital association The decision of the subcommittee on the CEO's salary is documented by the subcommittee in writing The compensation of the organization's vice presidents are reviewed and approved by the organization's CEO Their salaries and benefits are determined using comparable hospitals in the local area, prepared by human resources from 990s, and salary surveys completed by the local hospital association

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section C, line 19	Good Samaritan Hospital's organizing and governing documents and the conflict of interest policy are not made available to the public The financial information from the financial statements is included in the organizations Form 990, which is available for public inspection upon request The organization's financial statements were audited by an independent accountant and are included in the consolidated audited financial statements for Good Samaritan Hospital and affiliates Good Samaritan Hospital's audit committee assumes responsibility for the oversight of the audit and its financial statements and the selection of an independent accountant

Identifier	Return Reference	Explanation
Avg hours devoted to related org(s) when related comp is reported	Form 990, Part VII	Compensation reported on Form 990, Part VII was paid to each of these individuals in exchange for the fulfillment of their duties as full-time, 40+ hour-per-week employees at Good Samaritan Hospital and 2 hours-per-week employees at related organizations

Identifier	Return Reference	Explanation
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net unrealized gains on investments 2,911,522 Minimum Pension Liability 4,112,692 Intercompany Adjustments 2,906,398 Total to Form 990, Part XI, Line 5 9,930,612

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Good Samaritan Hospital

Employer identification number
95-1656366

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n		No
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p		No
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	1r		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) Good Samaritan Hospital Medical Office Building Inc	A	595,201	FMV
(2) Good Samaritan Hospital Medical Office Building Inc	J	305,724	FMV
(3) Heart Institute of the Good Samaritan Hospital	B	1,458,756	FMV
(4) Heart Institute of the Good Samaritan Hospital	C	2,031,817	FMV
(5) Orthopedic Institute of the Good Samaritan Hospital	B	221,517	FMV
(6) Orthopedic Institute of the Good Samaritan Hospital	C	821,706	FMV

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 95-1656366
Name: Good Samaritan Hospital

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
Heart Institute of the Good Samaritan Hospital 616 South Witmer Street Los Angeles, CA90017 95-4077161	Heart Research	CA	section 501(c)(3)	4	N/A	Yes	
Orthopedic Institute of the Good Samaritan Hospital 616 South Witmer Street Los Angeles, CA90017 95-4346048	Orthopedic Research	CA	section 501(c)(3)	11, Type 1	N/A	Yes	
Samaritan Imaging Center 616 South Witmer Street Los Angeles, CA90017 95-4252321	Outpatient Imaging Services	CA	section 501(c)(3)	9	N/A	Yes	
Cancer Institute of the Good Samaritan Hospital 616 South Witmer Street Los Angeles, CA90017 95-4271815	Cancer Research	CA	section 501(c)(3)	4	N/A	Yes	
Institute for Reproductive Research of the Hospital of the Good Samaritan 616 South Witmer Street Los Angeles, CA90017 95-4252306	Reproductive Research	CA	section 501(c)(3)	11, Type 1	N/A	Yes	
Good Samaritan Hospital Medical Office Building Inc 616 South Witmer Street Los Angeles, CA90017 95-3244046	Physicians Medical Offices	CA	section 501(c)(3)	11, Type 1	N/A	Yes	
Auxiliary of the Hospital of the Good Samaritan 616 South Witmer Street Los Angeles, CA90017 95-6051253	Welfare of the Good Samaritan Hospital	CA	section 501(c)(3)	11, Type 3	N/A	Yes	
Kate Van Nuys Page Foundation 616 South Witmer Street Los Angeles, CA90017 95-6028032	Grants income to Good Samaritan Hospital	CA	section 501(c)(3)	11, Type 1	N/A	Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1)	Good Samaritan Hospital Medical Office Building Inc	A	595,201	FMV
(2)	Good Samaritan Hospital Medical Office Building Inc	J	305,724	FMV
(3)	Heart Institute of the Good Samaritan Hospital	B	1,458,756	FMV
(4)	Heart Institute of the Good Samaritan Hospital	C	2,031,817	FMV
(5)	Orthopedic Institute of the Good Samaritan Hospital	B	221,517	FMV
(6)	Orthopedic Institute of the Good Samaritan Hospital	C	821,706	FMV

Good Samaritan Hospital and Affiliates

Consolidated Financial Statements as of and for the Years Ended August 31, 2011 and 2010, Supplemental Consolidating Schedules as of and for the Year Ended August 31, 2011, and Independent Auditors' Report

GOOD SAMARITAN HOSPITAL AND AFFILIATES

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INDEPENDENT AUDITORS' REPORT

To the Board of Trustees of
Good Samaritan Hospital and Affiliates:

We have audited the accompanying consolidated balance sheets of Good Samaritan Hospital and Affiliates (collectively, the "Company") as of August 31, 2011 and 2010, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended. These consolidated financial statements are the responsibility of the Company's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, such consolidated financial statements present fairly, in all material respects, the financial position of the Company as of August 31, 2011 and 2010, and the results of its operations, changes in its net assets, and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the basic consolidated financial statements taken as a whole. The supplemental consolidating schedules listed in the table of contents are presented for the purpose of additional analysis of the basic consolidated financial statements rather than to present the financial position, results of operations, and changes in net assets of the individual entities, and are not a required part of the basic consolidated financial statements. These schedules are the responsibility of the Company's management. Such schedules have been subjected to the auditing procedures applied in our audits of the basic consolidated financial statements and, in our opinion, are fairly stated, in all material respects, when considered in relation to the basic consolidated financial statements taken as a whole.

As discussed in Note 1 to the consolidated financial statements, in the year ended August 31, 2011, the Company adopted the provisions of Accounting Standards Update No. 2011-07, *Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities.*

Deloitte & Touche LLP

December 23, 2011

GOOD SAMARITAN HOSPITAL AND AFFILIATES

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INDEPENDENT AUDITORS' REPORT

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Deloitte & Touche LLP

December 23, 2011

GOOD SAMARITAN HOSPITAL AND AFFILIATES

CONSOLIDATED BALANCE SHEETS
AS OF AUGUST 31, 2011 AND 2010

ASSETS	2011	2010
CURRENT ASSETS:		
Cash and cash equivalents	$ 13,823,152	$ 6,619,391
Patient accounts receivable — net of allowance for uncollectible accounts of $18,700,000 and $21,514,653 in 2011 and 2010, respectively (Note 10)	36,145,019	37,786,090
Inventories	1,399,114	1,412,209
Prepaid expenses	2,133,908	2,749,533
Pledges receivable and receivables under trust agreements — net (Note 3)	952,244	705,817
Assets whose use is limited (Notes 4, 6, and 11)	6,559,400	6,301,901
Other receivables	1,549,402	1,550,983
Other current assets — hospital fee program (Note 14)	7,859,255	
Total current assets	70,421,494	57,125,924
INVESTMENTS (Notes 4 and 11)	151,061,590	135,126,035
ASSETS WHOSE USE IS LIMITED — Net of current portion (Notes 4, 6, and 11)	72,959,696	73,351,911
PROPERTY AND EQUIPMENT — Net (Notes 5 and 6)	97,495,950	95,335,586
OTHER ASSETS:		
Receivables under trust agreements — net of current portion (Note 3)	13,159,425	12,709,566
Deferred financing costs — net	628,933	671,195
Total other assets	13,788,358	13,380,761
TOTAL	$405,727,088	$374,320,217

(Continued)

GOOD SAMARITAN HOSPITAL AND AFFILIATES

CONSOLIDATED BALANCE SHEETS
AS OF AUGUST 31, 2011 AND 2010

LIABILITIES AND NET ASSETS	2011	2010
CURRENT LIABILITIES:		
Accounts payable	$ 15,632,584	$ 19,115,548
Accrued payroll and related liabilities	15,869,603	13,039,022
Accrued liabilities	7,979,422	8,580,964
Current portion of long-term debt (Note 6)	4,150,000	3,875,000
Reserves for self-insured programs (Note 9)	6,233,552	6,630,035
Pension liabilities (Note 8)	1,319,512	1,736,714
Amounts payable under third-party reimbursement contracts	4,304,591	5,092,170
Deferred revenue — hospital provider fee (Note 14)	12,766,482	
Total current liabilities	68,255,746	58,069,453
LONG-TERM DEBT — Net of current portion (Note 6)	60,880,882	65,001,657
RESERVES FOR SELF-INSURED PROGRAMS — Net of current portion (Note 9)	11,922,829	12,985,826
PENSION LIABILITIES — Net of current portion (Note 8)	5,802,862	9,377,346
OTHER LONG-TERM LIABILITIES	7,798,554	8,384,282
ANNUITY LIABILITIES	1,470,635	1,421,736
Total liabilities	156,131,508	155,240,300
COMMITMENTS AND CONTINGENCIES (Note 9)		
NET ASSETS:		
Unrestricted	142,257,666	114,655,643
Temporarily restricted (Note 7)	48,497,591	45,583,951
Permanently restricted (Note 7)	58,840,323	58,840,323
Total net assets	249,595,580	219,079,917
TOTAL	$405,727,088	$374,320,217

See notes to consolidated financial statements. (Concluded)

GOOD SAMARITAN HOSPITAL AND AFFILIATES

CONSOLIDATED STATEMENTS OF OPERATIONS
FOR THE YEARS ENDED AUGUST 31, 2011 AND 2010

	2011	2010
REVENUES, GAINS, AND OTHER SUPPORT:		
Patient service revenue — net of contractual allowances and discounts	$308,595,532	$274,342,566
Provision for bad debts	13,470,003	19,100,005
Net patient service revenue less provision for bad debts	295,125,529	255,242,561
Rent revenue	2,892,911	2,863,132
Contributions	2,595,095	2,436,534
Other revenue	2,101,070	1,975,552
Investment income (Note 4)	8,584,792	8,262,702
Net assets released from purpose restrictions used for operations	1,979,197	1,788,303
Total revenues, gains, and other support	313,278,594	272,568,784
EXPENSES (Note 12):		
Salaries and benefits (Note 8)	142,478,066	134,184,624
Supplies	51,452,373	54,498,733
Services and other	46,397,687	47,802,495
Depreciation	11,055,729	11,159,125
Professional fees	5,538,286	5,725,433
Purchased labor	4,841,830	4,095,487
Interest (Note 6)	4,682,470	4,953,252
Insurance, taxes, and licenses	3,500,729	4,569,079
Hospital fee program	24,061,960	
Total expenses	294,009,130	266,988,228
EXCESS OF REVENUES, GAINS, AND OTHER SUPPORT OVER EXPENSES	19,269,464	5,580,556
OTHER LOSSES:		
Loss on disposal of property and equipment		(363,963)
Research institutes — net	(1,148,097)	(1,263,972)
Total other losses	(1,148,097)	(1,627,935)
EXCESS OF REVENUES, GAINS, AND OTHER SUPPORT OVER EXPENSES AND OTHER LOSSES	$ 18,121,367	$ 3,952,621

See notes to consolidated financial statements.

GOOD SAMARITAN HOSPITAL AND AFFILIATES

CONSOLIDATED STATEMENTS OF CHANGES IN NET ASSETS
FOR THE YEARS ENDED AUGUST 31, 2011 AND 2010

	2011	2010
UNRESTRICTED NET ASSETS:		
Excess of revenues, gains, and other support over expenses and other losses	$ 18,121,367	$ 3,952,621
Change in unrealized gains on investments — net (Note 4)	2,911,522	11,454,853
Pension-related changes other than net periodic pension cost (Note 8)	4,112,692	66,290
Net assets released from restrictions used for purchase of property and equipment	2,456,442	305,652
Increase in unrestricted net assets	27,602,023	15,779,416
TEMPORARILY RESTRICTED NET ASSETS:		
Contributions	6,262,704	4,291,337
Investment income (Note 4)	1,184,883	663,608
Change in unrealized (losses) gains on investments — net (Note 4)	(268,579)	1,063,496
Change in value of split-interest agreements	696,286	3,007,048
Net assets released from restrictions	(4,961,654)	(2,721,032)
Increase in temporarily restricted net assets	2,913,640	6,304,457
PERMANENTLY RESTRICTED NET ASSETS — Contributions		17,497
CHANGE IN NET ASSETS	30,515,663	22,101,370
NET ASSETS — Beginning of year	219,079,917	196,978,547
NET ASSETS — End of year	$249,595,580	$219,079,917

See notes to consolidated financial statements.

GOOD SAMARITAN HOSPITAL AND AFFILIATES

CONSOLIDATED STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED AUGUST 31, 2011 AND 2010

	2011	2010
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	$ 30,515,663	$ 22,101,370
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation	11,066,337	11,171,211
Amortization of bond discount	29,225	27,293
Amortization of deferred financing costs	42,262	39,452
Provision for bad debts	13,470,003	19,100,005
Realized and unrealized gains on investments — net	(2,815,937)	(12,518,349)
Loss on disposal of property and equipment		363,963
Pension-related changes other than net periodic pension cost	(4,112,692)	(66,290)
Contributions restricted for long-term investment		(420,122)
Changes in operating assets and liabilities		
Patient accounts receivable	(11,828,932)	(18,836,213)
Inventories	13,095	(110,172)
Prepaid expenses	615,625	(1,057,012)
Pledges receivable and receivables under trust agreements	(696,286)	(3,013,715)
Other receivables	1,581	7,749
Other current assets — hospital fee program	(7,859,255)	
Accounts payable	(3,482,964)	(2,242,213)
Accrued payroll and related liabilities	2,830,581	(1,729,777)
Accrued liabilities	616,563	(235,739)
Reserves for self-insured programs	(1,459,480)	(98,342)
Pension liabilities	121,006	1,343,939
Amounts payable under third-party reimbursement contracts	(787,579)	2,984,009
Deferred revenue — hospital fee program	12,766,482	
Other long-term liabilities	(585,728)	(72,950)
Annuity liabilities	48,899	64,113
Net cash provided by operating activities	38,508,469	16,802,210
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of property and equipment	(14,444,806)	(6,949,337)
Proceeds from sales and maturities of investments and assets whose use is limited	49,086,695	71,072,880
Purchase of investments and assets whose use is limited	(62,071,597)	(78,197,473)
Net cash used in investing activities	(27,429,708)	(14,073,930)
CASH FLOWS FROM FINANCING ACTIVITIES		
Payment of long-term debt	(3,875,000)	(3,625,000)
Proceeds from contributions restricted for long-term investment		420,122
Net cash used in financing activities	(3,875,000)	(3,204,878)
NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	7,203,761	(476,598)
CASH AND CASH EQUIVALENTS — Beginning of year	6,619,391	7,095,989
CASH AND CASH EQUIVALENTS — End of year	$ 13,823,152	$ 6,619,391
SUPPLEMENTAL DISCLOSURES OF NONCASH ITEMS		
Accrued property and equipment — current	$ 1,202,340	$ 1,421,560
Accrued property and equipment — long term	$ 499,442	$ 1,498,327
SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION — Cash paid for interest	$ 4,582,550	$ 4,853,800

See notes to consolidated financial statements

1. ORGANIZATION

Good Samaritan Hospital (the "Hospital") is a not-for-profit, tax-exempt corporation that operates a 408-bed tertiary hospital in Los Angeles, California. The Hospital's mission is to provide accessible, quality, cost-effective, and compassionate health care services that meet the needs of the patients, their families, the community, physicians, and employees.

Good Samaritan Medical Office Building, Inc. (MOB), a not-for-profit corporation consisting of a medical office building adjacent to the Hospital, was formed to provide and lease office space to physicians on staff at the Hospital.

Samaritan Imaging Center (SIC), a not-for-profit corporation, was formed as an outpatient imaging center, dedicated to the advancement of the care of the sick, injured, and disabled individuals requiring radiological imaging services

The Hospital, MOB, and SIC are consolidated in these financial statements because the Hospital is the sole corporate member of MOB and SIC, and are referred to collectively as the "Company." All material intercompany transactions and balances have been eliminated in consolidation.

As part of its clinical mission, the Company created The Heart Institute, The Cancer Institute, The Institute of Reproductive Research, and the Orthopedic Institute (collectively, the "Institutes") The Institutes conduct clinical research in their specialized areas and provide education to the medical community and the general public The Institutes are included in these consolidated financial statements.

Adoption of New Accounting Principle — In July 2011, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2011-07, *Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities*, which provides guidance on presentation and disclosure of patient service revenue and the related provision for bad debts and allowance for doubtful accounts. ASU No. 2011-07 requires an entity to present its provision for bad debts as a reduction of patient service revenue on a separate line item in its consolidated statements of operations, disclose its policy for assessing the timing and amount of uncollectible patient service revenue recognized as bad debts by major payor source, and provide qualitative and quantitative information about significant changes in the allowance for doubtful accounts. The amendments to the presentation of the provision for bad debts related to patient service revenue in the statement of activities should be applied retrospectively to all prior periods presented The additional disclosure requirements should be applied prospectively. The adoption of ASU 2011-07 is effective for the Company for fiscal years ending after December 15, 2012, but early adoption is permitted. The Company has decided to early adopt ASU 2011-07 (see Note 13) As a result of the adoption of ASU No. 2011-07, management identified a misclassification in the 2010 consolidated financial statements between the provision for bad debts and contractual allowances, which is a component of patient service revenue — net of contractual allowances and discounts. As a result, the provision for bad debts and patient service revenue — net of contractual allowances and discounts have been reduced by $10,729,497 in the current year presentation. Additionally, the provision for bad debts and patient accounts receivable in the consolidated statement of cash flows have been adjusted by the same amount

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation — The accompanying consolidated financial statements include consolidated balance sheets that present the amounts for each of the three classes of net assets — unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets — based on the existence or absence of donor-imposed restrictions, and consolidated statements of operations and changes in net assets that reflect the changes in those categories of net assets

Temporarily restricted net assets include those net assets whose use by the Company has been limited by donors to later periods of time or to specified purposes. Permanently restricted net assets include those net assets that must be maintained in perpetuity; the investment return from such assets may be used for purposes as specified by the donor or, if the donor has not specified a purpose, for purposes as approved by the board of trustees.

Excess of Revenues, Gains, and Other Support over Expenses and Other Losses — The consolidated statements of operations include the excess of revenues, gains, and other support over expenses and other losses. Changes in unrestricted net assets, which are excluded from this total consistent with industry practice, include changes in the unrealized gains on investments, net, and pension-related changes other than net periodic pension cost

Cash and Cash Equivalents — Cash and cash equivalents are short-term, highly liquid investments with a maturity of three months or less at the time of purchase.

Investments — Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value in the consolidated balance sheets. Investment income (including realized gains and losses on investments, interest, and dividends) is included in the excess of revenues, gains, and other support over expenses and other losses, unless the income or loss is restricted by donor or law Unrealized gains and losses on unrestricted investments are excluded from the excess of revenues, gains, and other support over expenses and other losses.

Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts in the accompanying consolidated financial statements.

Assets Whose Use is Limited — Assets whose use is limited include designated assets set aside to meet the security deposit requirements for bond interest and sinking fund requirements, assets held under split-interest agreements, assets held under self-insurance, and assets set aside by the board of trustees for future use over which the board of trustees retains control and may, at its discretion, subsequently use for other purposes.

Inventories — Inventories are stated at cost, which is determined using the weighted-average method.

Property and Equipment — Property and equipment include hospital facilities, medical buildings, and related medical equipment. Property acquired by purchase is recorded at cost; property acquired by gift is recorded at fair value on the date of the donation. Depreciation is provided for using the straight-line method over the following estimated useful lives:

Land improvements	5–25 years
Buildings	20–40 years
Building improvements	5–25 years
Furniture and equipment	2–20 years

When property is sold or otherwise disposed of, the cost and related accumulated depreciation are removed from the accounts and any resulting net gain or loss is included in other losses in the accompanying consolidated statements of operations. The costs of normal maintenance and repairs and minor replacements are charged to expense when incurred.

Asset Impairment — The Company periodically evaluates the carrying value of its long-lived assets for impairment. This evaluation addresses the estimated recoverability of the assets' carrying value, which is principally determined based on projected undiscounted cash flows generated by the underlying tangible assets. When the carrying value of an asset exceeds estimated recoverability, a write-down is recorded. No impairments were recorded during the years ended August 31, 2011 or 2010.

Asset Retirement Obligation — The Company recognizes the fair value of a liability for legal obligations associated with asset retirements in the period in which it is incurred, if a reasonable estimate of the fair value of the obligation can be made. When the liability is initially recorded, the Company capitalizes the cost of the asset retirement obligation by increasing the carrying amount of the related long-lived asset. Over time, the liability is accreted to its present value each period, and the capitalized cost associated with the retirement obligation is depreciated over the useful life of the related asset. Upon settlement of the obligation, any differences between the cost to settle the asset retirement obligation and the liability recorded is recognized as a gain or loss in the consolidated financial statements. The estimated fair value of the asset retirement obligation as of August 31, 2011 and 2010, is $7,299,112 and $6,885,955, respectively. The current-year activity was related to accretion expense of $413,157. The prior-year activity was related to accretion expense in the amount of $396,578, and a change in calculation, resulting in a decrease in the related obligation of $469,528.

Deferred Financing Costs — Deferred financing costs include legal fees and other costs incurred to issue the California Health Facilities Financing Authority $105,000,000 fixed-rate tax-exempt term bonds (the "Bonds"). These costs are amortized using the effective interest method over the life of the Bonds. Amortization of bond issue costs, totaling approximately $42,262 and $39,452 in fiscal years 2011 and 2010, respectively, is included in interest expense in the accompanying consolidated statements of operations.

Net Patient Service Revenue — The Company has agreements with third-party payors that provide for payments to the Company at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

The Company's patient service revenue, net of contractual allowances and discounts (but before the provision for bad debts), generated under contractual arrangements with Medicare and Medi-Cal are 35% (40% excluding the impact of the hospital fee program revenues) and 27% (10% excluding the impact of the hospital fee program revenues, which are included as part of Medi-Cal patient revenues), respectively, in fiscal year 2011 and 41% and 15%, respectively, in fiscal year 2010 of total net patient service revenues.

The Company has an agreement with a health maintenance organization (HMO) to provide medical services to subscribing participants. Under this agreement, the Company receives monthly capitation payments based on the number of the HMO's participants, regardless of services actually performed by the Company In addition, the HMO makes fee-for-service payments to the Company for certain covered services generally based upon discounted fee schedules. Capitation revenue amounted to $4,136,228 and $3,668,350 for fiscal years ended August 31, 2011 and 2010, respectively

Charity Care — The Company has a policy to treat emergency and certain other patients regardless of their ability to pay. Consistent with the Company's tax-exempt status and community service responsibilities, the Company provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Under the Company's policy, charity care may be provided to people who are uninsured or underinsured and cannot afford to pay for their own medical care. Because the Company does not pursue collection of amounts determined to qualify as charity care, these charges are not included in net patient service revenue. Charges forgone for charitable care, not included in net patient service revenue, amounted to approximately $14,467,799 and $13,904,119 for fiscal years 2011 and 2010, respectively, which included charitable care related to the QueensCare program of $10,507,560 and $13,904,119 in 2011 and 2010, respectively. QueensCare funding was available for 11 months in 2011 and 9 1/2 months in 2010.

The Company also provides services to patients under Medi-Cal and other publicly sponsored programs that reimburse the Company at amounts less than the cost of the services provided to the recipients In addition, the Company also funds significant amounts of medical research and training, as well as education, health screenings, and other benefits for its community The unreimbursed cost of these benefits and services is approximately $23,999,466 and $20,053,633 for fiscal years 2011 and 2010, respectively

Donor-Restricted Gifts — Unconditional promises to give cash and other assets to the Company are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the conditions are met. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the consolidated statements of operations as net assets released from restrictions.

Annuity Liabilities — The Company has been designated as trustee for several trusts. The trust agreements generally require the Company to make payments to beneficiaries based on stipulated interest rates, which range from 3.6% to 6 5% in fiscal year 2011 and 3.8% to 6 0% in fiscal year 2010, applied to the fair market value of the trust assets determined either annually or at inception of the trust. In addition, the Company has several charitable gift annuities that require the Company to pay a fixed amount for a specified period of time to the donor or to individuals designated by the donor.

Contributed Services — Volunteers have donated significant amounts of time and services to the Company's operations Contributed services are recognized if the services received create or enhance nonfinancial assets or require specialized skills that would have been purchased if not provided by donation. None of the services donated met these criteria, and accordingly, no volunteer time has been reflected in the accompanying consolidated financial statements.

Income Taxes — The Hospital, SIC, and MOB are not-for-profit corporations as described in Section 501(c)(3) of the Internal Revenue Code (the "Code") and are exempt from federal income taxes pursuant to Section 501(a) of the Code They are exempt from state franchise taxes under similar statutes. Accordingly, no provision for income taxes has been recorded in the accompanying consolidated financial statements. During the years ended August 31, 2011 and 2010, the Company did not record any liability for unrecognized tax contingencies.

Use of Estimates — The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, as well as the disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period Actual results could differ from those estimates

Seismic Standards — The State of California requires compliance with certain seismic standards by 2013. Management believes the Company is in compliance with the structural requirements. However, the nonstructural requirements still need to be completed. The architectural plans for these upgrades have been approved by the Office of Statewide Health Planning and Development and now cost estimation is in progress, the construction timeline will be a phased approach. Management is exploring an extension of the 2013 target to better accommodate the phasing.

Funded Status of Benefit Plans — The Company recognizes the overfunded or underfunded status of its defined benefit postretirement plan as an asset or liability, respectively, in the consolidated balance sheets. Changes in the funded status of the defined benefit plans are recognized in unrestricted net assets in the year in which the change occurs. Changes in the funded status are measured based on the projected benefit obligation for pension plans.

Subsequent Events — The Company has evaluated subsequent events through December 23, 2011, the date the consolidated financial statements were available to be issued.

Recent Accounting Pronouncements — In April 2009, the FASB issued ASU No. 2010-07, *Not-for-Profit Entities: Mergers and Acquisitions* This statement provides guidance on accounting for a combination of not-for-profit entities and applies to a combination that meets the definition of either a merger of not-for-profit entities or an acquisition by a not-for-profit entity. ASU No 2010-07 establishes principles and requirements for how a not-for-profit entity (a) determines whether a combination is a merger or an acquisition, (b) applies the carryover method in accounting for a merger, (c) applies the acquisition method in accounting for an acquisition, and (d) determines what information to disclose with respect to the nature and financial effects of a merger or an acquisition. This statement also amends both Accounting Standards Codification (ASC) 350, *Intangibles — Goodwill and Other*, and ASC 810, *Consolidation*, to make their provisions fully applicable to not-for-profit entities. The provisions for acquisitions were effective for the Company beginning August 31, 2011, and had no impact on the Company's consolidated financial statements.

In January 2010, the FASB issued ASU No. 2010-06, *Improving Disclosures about Fair Value Measurements*, which amended ASC 820, *Fair Value Measurements and Disclosures*, to require new disclosures related to transfers in and out of Level 1 and Level 2 fair value measurements, including reasons for the transfers, and to require new disclosures related to activity in Level 3 fair value measurements. In addition, ASU No. 2010-06 clarifies existing disclosure requirements related to the level of disaggregation of classes of assets and liabilities and provides further detail about inputs and valuation techniques used for fair value measurement. The adoption of ASU No. 2010-06 is effective for the Company beginning September 1, 2011. The adoption of ASU No. 2010-06 is not expected to have a material impact on the Company's consolidated financial statements

In August 2010, the FASB issued ASU No 2010-24, *Presentation of Insurance Claims and Related Insurance Recoveries*, which clarifies that a health care entity should not net insurance recoveries against a related claim liability. Additionally, the amount of the claim liability should be determined without consideration of insurance recoveries. The adoption of ASU No. 2010-24 is effective for the Company beginning September 1, 2011. The Company is evaluating the impact of the adoption of ASU No 2010-24 on the consolidated financial statements.

In August 2010, the FASB issued ASU No 2010-23, *Measuring Charity Care for Disclosure*, which requires that cost be used as a measurement for charity care disclosure purposes and that cost be identified as the direct and indirect costs of providing the charity care. It also requires disclosure of the method used to identify or determine such costs The adoption of ASU No. 2010-23 is effective for the Company beginning September 1, 2011. The adoption of ASU No. 2010-23 is not expected to have a material impact on the Company's consolidated financial statements

In May 2011, the FASB issued ASU No. 2011-04, *Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U S. GAAP and IFRS*, which amends ASC 820 ASU No. 2011-04 also requires the categorization by level for items that are only required to be disclosed at fair value and information about transfers between Level 1 and Level 2. In addition, the ASU provides guidance on measuring the fair value of financial instruments managed within a portfolio and the application of premiums and discounts on fair value measurements. The ASU requires additional disclosure for Level 3 measurements regarding the sensitivity of fair value to changes in unobservable inputs and any interrelationships between those inputs The new guidance is effective for the Company beginning September 1, 2012 The adoption of ASU No 2011-04 is not expected to have a material impact on the Company's consolidated financial statements.

3. PLEDGES RECEIVABLE AND RECEIVABLES UNDER TRUST AGREEMENTS

Unconditional promises to give as of August 31, 2011 and 2010, are expected to be realized as follows:

	2011	2010
In one year or less	$ 952,244	$ 705,817
Between one and five years	14,029,562	1,646,697
More than five years		12,266,245
Discounts	(870,137)	(1,203,376)
Total pledges receivable — net present value	$14,111,669	$13,415,383

Amounts expected to be collected in future years are recorded at the present value of estimated future cash flows discounted at the risk-free interest rate at the date of valuation. The discount rate range for fiscal years 2011 and 2010 varied from 2.07% to 3.75% and 2.47% to 4.01%, respectively. The valuation of receivables under trust agreements requires that the third-party trustees provide details of

the types and values of assets within the trusts on a periodic basis. Changes to the valuation of receivables under the trust agreements are made in the period that the trust information becomes available. For the years ended August 31, 2011 and 2010, the changes in valuation result in increases of $1,037,376 and $659,226, respectively, which were recorded in the change in value of split-interest agreements in the consolidated statements in changes in net assets.

4. INVESTMENTS AND ASSETS WHOSE USE IS LIMITED

Investments are stated at fair value as of August 31, 2011 and 2010, and are as follows.

	2011	2010
Cash and cash equivalents	$ 5,797,298	$ 7,128,551
U.S Treasury obligations — bonds and notes	10,514,905	103,077
Corporate bonds and notes	87,805,869	86,187,626
Common stock	15,120,513	10,637,796
Mutual funds	31,823,005	31,068,985
Total	$151,061,590	$135,126,035

Assets whose use is limited as of August 31, 2011 and 2010, are stated at fair value and are as follows.

	2011	2010
Internally designated for self-insurance.		
Cash and cash equivalents	$ 568,805	$ 798,386
Corporate bonds and notes	14,155,490	14,284,473
	14,724,295	15,082,859
Designated for bond interest payment and sinking fund — cash and cash equivalents	6,559,400	6,301,901
Assets held under split-interest agreements:		
Cash and cash equivalents	69,174	58,880
Mutual funds	916,548	909,304
Common stock	745,643	796,832
	1,731,365	1,765,016
Assets held for new medical office building.		
Externally restricted — U.S. Treasury obligations	14,234,370	13,699,657
Internally designated:		
Cash and cash equivalents	1,110,667	2,336,474
Corporate bonds and notes	17,852,235	16,990,932
Foreign debt securities	5,302,951	5,280,112
Common stock	18,003,813	18,196,861
	56,504,036	56,504,036
Total	$79,519,096	$79,653,812

Income and gains from investments and assets whose use is limited for the years ended August 31, 2011 and 2010, are as follows:

	2011	2010
Interest income — net of expenses (unrestricted and temporarily restricted)	$ 9,596,680	$ 8,869,468
Realized gains on sales — net (unrestricted and temporarily restricted)	172,995	56,842
Change in unrealized gains — net (unrestricted and temporarily restricted)	2,642,943	12,518,349
Total	$12,412,618	$21,444,659

Unrealized losses on investments and assets whose use is limited for the year ended August 31, 2011, are as follows:

	Less Than 12 Months		12 Months or Greater		Total	
	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses
Description of securities						
Corporate bonds and notes	$ 528,881	$ (13,422)	$ -	$ -	$ 528,881	$ (13,422)
Mutual funds	3,186,365	(251,258)	7,243,268	(190,896)	10,429,633	(442,154)
U.S. Treasury obligations	14,499,275	(568)			14,499,275	(568)
Total	$18,214,521	$(265,248)	$7,243,268	$(190,896)	$25,457,789	$(456,144)

Unrealized losses on investments and assets whose use is limited for the year ended August 31, 2010, are as follows:

	Less Than 12 Months		12 Months or Greater		Total	
	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses
Description of securities						
Common stock	$ -	$ -	$2,166,587	$(113,413)	$2,166,587	$(113,413)
Mutual funds			7,196,065	(186,521)	7,196,065	(186,521)
Total	$ -	$ -	$9,362,652	$(299,934)	$9,362,652	$(299,934)

The unrealized losses on the Company's investments in corporate bonds and notes, mutual funds, and U.S. Treasury obligations were caused by interest rate increases and a general downturn in market conditions. The Company has the ability and intent to hold these investments until the recovery of fair value and does not consider these investments to be other-than-temporarily impaired at August 31, 2011 and 2010.

5. PROPERTY AND EQUIPMENT

A summary of property and equipment as of August 31, 2011 and 2010, is as follows:

	2011	2010
Land	$ 11,813,230	$ 11,813,230
Land improvements	1,137,394	1,137,394
Buildings and improvements	147,523,967	148,810,150
Furniture and equipment	222,103,209	214,327,873
	382,577,800	376,088,647
Less accumulated depreciation	298,428,137	287,370,004
Total property and equipment	84,149,663	88,718,643
Construction in progress	13,346,287	6,616,943
Property and equipment — net	$ 97,495,950	$ 95,335,586

For the years ended August 31, 2011 and 2010, depreciation expense was $11,055,729 and $11,159,125, respectively

During fiscal year 2010, the Company entered into an installment agreement in the amount of $2,996,655 to purchase equipment. Payments on the installment agreement are due quarterly over a three-year period, with the final payment due on December 24, 2012. The current portion and long-term portion of the balance as of August 31, 2011, are $998,885 and $499,442, respectively, and as of August 31, 2010, are $998,885 and $1,498,328, respectively. The current portion of the installment agreement is included in accrued liabilities and the long-term portion of the installment agreement is included in other long-term liabilities in the accompanying consolidated balance sheets.

6. LONG-TERM DEBT

The Bonds were issued in August 1991 on behalf of the Company. The bond proceeds were used to extinguish the existing $55,000,000 California Health Facilities Authority Adjustable Rate Hospital Revenue Bonds and to reimburse the Company for certain prior capital expenditures, the cost of the issuance, and other property and equipment expenditures. The Bonds are secured by certain assets of the Company consisting of the medical center and the underlying real estate, the Weingart House, a conference center, two parking structures, and the central engineering plant, subject to permitted encumbrances.

The Bonds as of August 31, 2011 and 2010, are as follows:

	2011	2010
Term bonds, with a fixed interest rate of 7%, maturing September 1, 2021	$65,465,000	$69,340,000
Less unamortized discount	(434,118)	(463,343)
Long-term debt	$65,030,882	$68,876,657

Under the terms of the bond indenture, the Company is required to maintain certain deposits with the trustee Such deposits are included with assets whose use is limited. The bond indenture places limits on additional borrowings and requires the Company to satisfy certain measures of financial performance. Interest cost on the Bonds during the years ended August 31, 2011 and 2010, was $4,582,550 and $4,853,800, respectively.

Maturities or sinking fund requirements of the long-term debt as of August 31, 2011, are as follows:

Years Ending August 31	
2012	$ 4,150,000
2013	4,440,000
2014	4,750,000
2015	5,080,000
2016	5,435,000
Thereafter	41,610,000
Total principal maturities	65,465,000
Less unamortized discount	434,118
Total	$65,030,882

7. TEMPORARILY AND PERMANENTLY RESTRICTED NET ASSETS

Temporarily restricted net assets as of August 31, 2011 and 2010, are available for the following purposes:

	2011	2010
Program services and research	$ 1,429,857	$ 685,000
Purchases of equipment	5,777,166	2,720,000
Education	136,500	82,887
For periods after August 31:		
Time restricted	13,831,610	15,175,707
Purpose restricted	27,322,458	26,920,357
Total	$48,497,591	$45,583,951

Permanently restricted net assets at August 31, 2011 and 2010, in the amount of $58,840,323 are held in perpetuity, the income from which is expended to support health care services.

The Company has interpreted the State Prudent Management of Institutional Funds Act (SPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds, absent explicit donor stipulations to the contrary. As a result of this interpretation, the Company classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the organization in a manner consistent with the standard of prudence prescribed by SPMIFA. In accordance with SPMIFA, the organization considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

- The duration and preservation of the fund
- The purposes of the organization and the donor-restricted endowment fund
- General economic conditions
- The possible effect of inflation and deflation
- The expected total return from income and the appreciation of investments
- Other resources of the organization
- The investment policies of the organization

The endowment net assets composition by type of fund as of August 31, 2011 and 2010, is as follows:

2011	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted endowment funds	$ -	$ 4,724,401	$ 58,840,323	$ 63,564,724
Board-designated endowment funds				-
Total funds	$ -	$ 4,724,401	$ 58,840,323	$ 63,564,724
2010				
Donor-restricted endowment funds	$ -	$ 3,686,423	$ 58,840,323	$ 62,526,746
Board-designated endowment funds				-
Total funds	$ -	$ 3,686,423	$ 58,840,323	$ 62,526,746

The changes in endowment net assets for the years ended August 31, 2011 and 2010, are as follows.

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets — September 1, 2009	$ -	$ 2,591,295	$ 58,822,826	$ 61,414,121
Investment return				
Investment income	4,689,446	560,593		5,250,039
Unrealized gain	6,167,449	664,674		6,832,123
Total investment return	10,856,895	1,225,267	-	12,082,162
Contributions		10,132	17,497	27,629
Amounts appropriated for expenditure	(10,856,895)	(140,271)		(10,997,166)
Endowment net assets — August 31, 2010	-	3,686,423	58,840,323	62,526,746
Investment return				
Investment income	4,661,231	954,552		5,615,783
Unrealized (loss) gain	(718,989)	170,962		(548,027)
Total investment return	3,942,242	1,125,514	-	5,067,756
Contributions		25,095		25,095
Amounts appropriated for expenditure	(3,942,242)	(112,631)		(4,054,873)
Endowment net assets — August 31, 2011	$ -	$ 4,724,401	$ 58,840,323	$ 63,564,724

The description of the amounts classified as restricted net assets as of August 31, 2011 and 2010, is as follows:

	2011	2010
Permanently restricted net assets — the portion of perpetual endowment funds that is required to be retained permanently either by explicit donor stipulation or by SPMIFA	$ 58,840,323	$ 58,840,323
Temporarily restricted net assets — the portion of perpetual endowment funds subject to a time restriction under SPMIFA — with purpose restrictions	$ 4,724,401	$ 3,686,423

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor or SPMIFA requires the Company to retain as a fund of perpetual duration. In accordance with accounting principles generally accepted in the United States of America, deficiencies of this nature that are reported in unrestricted net assets were $113,413 as of August 31, 2010. These deficiencies resulted from unfavorable market fluctuations that occurred shortly after the investment of new permanently restricted contributions and continued appropriation for certain programs that was deemed prudent by the board of trustees. There were no such deficiencies as of August 31, 2011.

The Company has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets. Endowment assets include those assets of donor-restricted funds that the organization must hold in perpetuity or for donor-specified periods. Under this policy, as approved by the board of trustees, the endowment assets are invested in a manner that is intended to achieve its long-term return objectives while assuming a moderate level of investment risk. The Company expects its endowment funds, over time, to provide an average rate of return of approximately 5.6% annually. Actual returns in any given year may vary from this amount.

To satisfy its long-term rate of return objectives, the Company relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Company targets a pool of corporate fixed-income securities intended to achieve its long-term return objectives within prudent risk constraints.

The Company has a practice of appropriating for distribution each year 4.5% of its endowment fund's average fair value over the prior 12 quarters through the fiscal year end preceding the fiscal year in which the distribution is planned. In establishing this policy, the Company considered the long-term expected return on its endowment. Accordingly, over the long term, the Company expects the current spending policy to allow its endowment to grow at an average of 1.1% annually. This is consistent with the Company's objective to maintain the purchasing power of the endowment assets held in perpetuity or for a specified term, as well as to provide additional real growth through new gifts and investment return.

8. RETIREMENT PLANS

Defined Benefit Pension Plan — The Company has a defined benefit pension plan (the "Plan"), which, prior to being frozen, covered substantially all of its employees. On September 24, 1998, the board of trustees of the Company froze the Plan, effective December 31, 1998, which then curtailed the Plan. The Company has no immediate plans to terminate the Plan.

Prior to December 31, 1998, substantially, all employees of the Company who completed 1,000 hours of credited service were eligible to participate in the Plan. The benefits were based on an employee's years of service and earnings. The Company's policy was to fund its pension cost in accordance with the provisions of the Employee Retirement Income Security Act of 1974.

Plan assets are invested in a pool of corporate fixed-income securities whose value is subject to fluctuations of the securities market. Changes in this value attributable to differences between actual and assumed returns on Plan assets are deferred as unrecognized gains or losses and included in the determination of net pension expense over time.

It is the overall goal of the Plan's investment policy to provide qualifying employees with a source of retirement income. In achieving this goal, the investment strategy is to maintain exposure to fixed income for safety of principal, income, and capital appreciation. The Company expects the Plan's assets to provide an average rate of return of approximately 5.2% annually over time

The assets of the Plan are invested in a pool of corporate fixed-income securities. The bond holdings consist of long-maturity, high-grade, as well as high-yield corporate debt with a focus on the consumer staples, energy, and utility sectors.

The Company's year-end Plan projected weighted-average asset allocations by category are as follows:

Debt	95 %
Common stock	2
Other	3

The Company's year-end Plan weighted-average asset allocations by category as of August 31, 2011 and 2010, are as follows:

	2011	2010
Debt securities	94.7 %	97.4 %
Common stock	2 1	
Other	3 2	2 6

A summary of the components of net pension cost as of the date of the latest actuarial valuation as of August 31, 2011 and 2010, is as follows:

	2011	2010
Changes in benefit obligation:		
Benefit obligation — beginning of year	$ 59,864,373	$ 53,263,157
Interest cost	2,822,748	3,043,988
Benefits paid	(3,080,964)	(2,990,189)
Actuarial loss	25,993	6,547,417
Benefits obligation — end of year	59,632,150	59,864,373
Changes in Plan assets:		
Fair value of Plan assets — beginning of year	48,750,313	43,426,746
Actual return on Plan assets	4,542,163	7,127,703
Employer contributions	2,298,264	1,186,053
Benefits paid	(3,080,964)	(2,990,189)
Fair value of Plan assets — end of year	52,509,776	48,750,313
Funded status	(7,122,374)	(11,114,060)
Pension liabilities	$ (7,122,374)	$(11,114,060)
Amount not yet reflected in the accrued benefit cost and included in accumulated charge to unrestricted net assets consists of:		
Net loss	$(19,091,298)	$(23,203,990)
Total accumulated charge to unrestricted net assets	$(19,091,298)	$(23,203,990)

	2011	2010
Weighted-average assumptions as of August 31:		
Discount rate used to determine benefits obligation	5.13 %	4.85 %
Discount rate used to determine net periodic cost	4.85	5.89
Rate of compensation increase	3.50	4.00
Expected long-term rate of return on Plan assets	5.20	6.20
Components of net periodic pension cost:		
Interest cost	$ 2,822,748	$ 3,043,988
Expected return on Plan assets	(2,530,559)	(2,640,751)
Recognized actuarial loss	2,127,081	2,126,755
Net periodic cost	$ 2,419,270	$ 2,529,992

The accumulated benefits obligation at August 31, 2011 and 2010, are $59,632,150 and $59,864,373, respectively.

The Company expects to contribute $1,319,512 during the year ended August 31, 2011. The estimated future benefit payments as of August 31, 2011, are as follows:

Years Ending August 31	
2012	$ 3,473,935
2013	3,571,635
2014	3,665,515
2015	3,778,278
2016	3,890,763
2017–2021	20,481,088

The amount expected to be recognized as a component of net periodic benefit cost over the next fiscal year is as follows:

Net loss	$1,682,829

401(k) and 403(b) Pension Plans — The Company has 401(k) and 403(b) tax-deferred savings plans covering substantially all of its employees. Under the 401(k) plan, all employees of the Company with 90 days of service are eligible to participate. Participants in both plans may contribute up to 50% of their compensation, subject to certain Internal Revenue Service limitations. Under the 403(b) plan, all employees are eligible to participate.

The Company does not match any contributions to the 403(b) plan, and although the Company is not required to contribute to the 401(k) plan, it has the discretion to elect to contribute. For the years ended August 31, 2011 and 2010, contributions related to the 401(k) plan were $2,992,991 and $2,757,064, respectively

9. COMMITMENTS AND CONTINGENCIES

Self-Insurance Programs — The Company self-insures against professional liability and general liability claims, workers' compensation, and health benefits.

Under the professional and general liability self-insurance program, the Company is self-insured for up to $2,000,000 per claim made inclusive of defense costs per claim. The Company has excess professional and general liability insurance beyond $2,000,000 per occurrence, up to a maximum of $20,000,000 in excess of the $2,000,000 self-insured retention The Company has employed independent actuaries to estimate the ultimate costs, if any, of the settlement of such professional and general liability claims Related reserves are recorded at a discount Estimated losses, including an estimate for claims incurred but not reported, are $10,368,336 and $11,048,808 as of August 31, 2011 and 2010, respectively, and are included in reserves for self-insured programs in the accompanying consolidated balance sheets.

The Company also has excess workers' compensation insurance to meet the state's statutory limits requirement. The policy offers $1,000,000 per occurrence with an aggregate of $1,000,000 of employer's liability coverage. Amounts reserved represent estimated costs of known claims and incidents that may result in the assertion of additional claims, as well as claims from unknown incidents that may be asserted. The Company has employed independent actuaries to estimate the ultimate costs, if any, of the settlement of such workers' compensation claims Recorded reserves are undiscounted Estimated losses, including an estimate for claims incurred but not reported, are $5,230,000 and $5,986,800 as of August 31, 2011 and 2010, respectively, and are included in reserves for self-insured programs in the accompanying consolidated balance sheets.

For health benefits, the Company is self-insured up to a lifetime maximum of $500,000. The reserve for health benefits is estimated based on historical experience lag rates, from the date claims are incurred to the date they are reported and paid. Estimated losses, including an estimate for claims incurred but not reported, are $2,492,776 and $2,498,073 as of August 31, 2011 and 2010, respectively, and are included in reserves for self-insured programs in the accompanying consolidated balance sheets.

Litigation — From time to time, the Company is subject to claims arising in the ordinary course of business. In the opinion of management, the ultimate resolution of legal proceedings will not have a material adverse effect on the consolidated financial position, results of operations, changes in net assets, and cash flows of the Company or result in a substantial impairment of its operations.

10. CONCENTRATIONS OF CREDIT RISK

The Company grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors as of August 31, 2011 and 2010, was as follows:

	2011	2010
Medicare	26.8 %	23.2 %
Medi-Cal	17.1	24.5
Self-pay patients	6.3	8.4
Other third-party payors	49.8	43.9
Total	100.0 %	100.0 %

11. FAIR VALUE OF FINANCIAL INSTRUMENTS

Due to the short-term nature of cash and cash equivalents, accounts receivable, accounts payable, annuity liabilities, and accrued payroll and related liabilities, their fair values approximate their carrying values. The fair values of investments are based on quoted market prices, if available, or estimated using quoted market prices for similar securities on the last business day of the fiscal year. Pledges receivable and receivables under trust agreements are discounted at the current market interest rate at the time of receipt, which approximates their fair value.

Fair values of the Company's revenue bonds are based on current traded value. As of August 31, 2011 and 2010, the fair market value was $62,930,195 and $68,308,221, respectively.

Assets and liabilities recorded at fair value in the consolidated balance sheets are categorized based upon the level of judgment associated with the inputs used to measure their fair value and the level of market price observability.

Investments measured and reported at fair value using level inputs, as defined by ASC 820, are classified and disclosed in one of the following categories:

Level 1 — Quoted prices are available in active markets for identical investments as of the reporting date. The types of investments included in Level 1 are U.S. Treasury securities and listed equities. The Company does not adjust the quoted price for these investments, even in situations where it holds a large position and a sale could reasonably impact the quoted price.

Level 2 — Pricing inputs are other than quoted prices in active markets, which are either directly or indirectly observable as of the reporting date, and fair value is determined through the use of models or other valuation methodologies. Investments that are generally included in this category include corporate bonds and loans, municipal bonds, auction rate securities, and interest rate swap assets.

Level 3 — Pricing inputs are unobservable for the investment and include situations where there is little, if any, market activity for the investment The inputs into the determination of fair value require significant management judgment or estimation.

In certain cases, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases, an investment's level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement Management's assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment and considers factors specific to the investment.

A description of valuation inputs and techniques that the Company utilizes to fair value each major category of assets and liabilities in accordance with ASC 820, is as follows.

Debt Securities (Corporate Bonds) — Investment grade bonds are valued using inputs and techniques, which include third-party pricing vendors, dealer quotations, and recently executed transactions in securities of the issuer or comparable issuers. Adjustments to individual bonds can be applied to recognize trading differences compared to other bonds issued by the same issuer. Values for high-yield bonds are based primarily on pricing vendors and dealer quotations from relevant market makers The dealer quotations received are supported by credit analysis of the issuer that takes into consideration credit-quality assessments, daily trading activity, and the activity of the underlying equities, listed bonds, and sector-specific trends. To the extent that these inputs are observable and timely, the values of corporate bonds are categorized as Level 2.

Debt Securities (Mutual Funds) — Registered with the Securities and Exchange Commission as mutual funds under the Investment Company Act of 1940. To the extent valuation adjustments are not applied, mutual funds are categorized as Level 1.

Debt Securities (U.S Treasury Obligations) — U S. Treasury notes are valued based on prices provided by third-party vendors that obtain feeds from a number of live data sources, including active market makers and interdealer brokers. To the extent that the values are actively quoted, they are categorized as Level 1

Equity Securities (Common Stock) — Equity securities that are actively traded on a securities exchange are valued based on quoted prices from the applicable exchange, and to the extent valuation adjustments are not applied to these securities, that are categorized as Level 1 Equity securities traded on inactive markets and are valued using other observable inputs are categorized as Level 3.

The following table presents information about the Company's assets measured at fair value on a recurring basis at August 31, 2011 and 2010, and indicates the fair value hierarchy of the valuation techniques utilized by management to determine such fair value.

	2011			
	Level 1	Level 2	Level 3	Total
Investments				
Cash and cash equivalents	$ 5,797,298	$ -	$ -	$ 5,797,298
Debt securities				
Corporate bonds and notes		87,805,869		87,805,869
Mutual funds	31,823,005			31,823,005
U S Treasury obligations	10,514,905			10,514,905
Equity securities — common stock	12,568,473			12,568,473
Real estate investment trust — common stock			2,552,040	2,552,040
	60,703,681	87,805,869	2,552,040	148,509,550
Assets whose use is limited				
Cash and cash equivalents	8,308,046			8,308,046
Debt securities				
Corporate bonds and notes		32,007,725		32,007,725
Foreign debt securities		5,302,951		5,302,951
Mutual funds	916,548			916,548
U S Treasury obligations	14,234,370			14,234,370
Equity securities — common stock	18,749,456			18,749,456
	42,208,420	37,310,676	-	79,519,096
Total investments and assets whose use is limited	$ 102,912,101	$ 125,116,545	$ 2,552,040	$ 228,028,646

	2010			
	Level 1	Level 2	Level 3	Total
Investments				
Cash and cash equivalents	$ 7,128,551	$ -	$ -	$ 7,128,551
Debt securities				
Corporate bonds and notes		86,187,626		86,187,626
Mutual funds	31,068,985			31,068,985
U S Treasury obligations	103,077			103,077
Equity securities — common stock	8,421,809			8,421,809
Real estate investment trust — common stock			2,215,987	2,215,987
	46,722,422	86,187,626	2,215,987	135,126,035
Assets whose use is limited				
Cash and cash equivalents	9,495,641			9,495,641
Debt securities				
Corporate bonds and notes		31,275,405		31,275,405
Foreign debt securities		5,280,112		5,280,112
Mutual funds	909,304			909,304
U S Treasury obligations	13,699,657			13,699,657
Equity securities — common stock	18,993,693			18,993,693
	43,098,295	36,555,517	-	79,653,812
Total investments and assets whose use is limited	$ 89,820,717	$ 122,743,143	$ 2,215,987	$ 214,779,847

Transfers in or out are recognized based on the beginning fair value of the fiscal year in which they occurred. There were no significant transfers on investments between Level 1 and Level 2 during the year ended August 31, 2011

The changes in the balances of Level 3 financial assets for the year ended August 31, 2011, were as follows:

Beginning balance — September 1, 2009	$2,239,400
Total gains and losses	
Realized net loss	
Unrealized net loss	(23,413)
Purchases, sales, issuances, and settlements	
Transfers into Level 3	
Beginning balance — August 31, 2010	2,215,987
Total gains and losses	
Realized net loss	
Unrealized net gain	336,053
Purchases, sales, issuances, and settlements	
Transfers into Level 3	
Ending balance — August 31, 2011	$2,552,040

Temporarily restricted unrealized net gain and net losses of $336,053 and $23,413 as of August 31, 2011 and 2010, respectively, are included in the change in net unrealized gains on investments — net in the consolidated statements of changes in net assets

Included within the assets are investments in certain entities that report fair value using a calculated net asset value or its equivalent. The table and explanations identify attributes relating to the nature and risk of such investments as of August 31, 2011, as follows:

		Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Equity securities	(1)	$2,552,040	$ -	Anytime	None
Total		$2,552,040	$ -		

(1) This investment is shares of common stock that can be sold at any time to satisfy the purpose for which it was bequeathed to the Hospital.

The following tables present information about assets of the Plan measured at fair value at August 31, 2011 and 2010, in accordance with ASC 715, *Compensation — Retirement Benefits*, and indicate the fair value hierarchy of the valuation techniques utilized by management to determine such fair value.

	2011			
	Level 1	Level 2	Level 3	Total
Assets — investments:				
Cash and cash equivalents	$1,688,757	$ -	$ -	$ 1,688,757
Common stock	1,119,383			1,119,383
Bonds and notes		49,701,636		49,701,636
Total investments — at fair value	$2,808,140	$49,701,636	$ -	$52,509,776

	2010			
	Level 1	Level 2	Level 3	Total
Assets — investments:				
Cash and cash equivalents	$1,241,338	$ -	$ -	$ 1,241,338
Bonds and notes		47,508,975		47,508,975
Total investments — at fair value	$1,241,338	$47,508,975	$ -	$48,750,313

Transfers in or out are recognized based on the beginning fair value of the fiscal year in which they occurred. There were no significant transfers on investments between Level 1 and Level 2 during the year ended August 31, 2011

12. FUNCTIONAL EXPENSES

The Company provides general health care services to residents within its geographic location. Expenses related to providing these services for the years ended August 31, 2011 and 2010, are as follows:

2011	Patient Care Services	Management and General	Fundraising	Medical Office Building	Total
Salaries and benefits	$127,597,221	$14,208,734	$ 672,111	$ -	$142,478,066
Supplies	50,897,236	527,146	27,991		51,452,373
Services and other	30,434,623	14,754,348	497,552	711,164	46,397,687
Depreciation	7,676,350	2,866,384		512,995	11,055,729
Professional fees	5,538,286				5,538,286
Purchased labor	4,819,926	21,386	518		4,841,830
Interest	4,682,470				4,682,470
Insurance, taxes, and licenses	1,891,429	1,371,187	100	238,013	3,500,729
Hospital fee program	24,061,960				24,061,960
Total	$257,599,501	$33,749,185	$1,198,272	$1,462,172	$294,009,130

2010	Patient Care Services	Management and General	Fundraising	Medical Office Building	Total
Salaries and benefits	$121,555,009	$11,842,328	$ 787,287	$ -	$134,184,624
Supplies	54,151,709	325,602	21,422		54,498,733
Services and other	32,453,556	13,812,555	749,625	786,759	47,802,495
Depreciation	7,888,429	2,736,341		534,355	11,159,125
Professional fees	5,725,433				5,725,433
Purchased labor	4,047,559	47,928			4,095,487
Interest	4,953,252				4,953,252
Insurance, taxes, and licenses	3,258,725	1,077,577	71	232,706	4,569,079
Total	$234,033,672	$29,842,331	$1,558,405	$1,553,820	$266,988,228

13. NET PATIENT SERVICE REVENUE

The Company recognizes patient service revenue on the basis of contractual rates for the services rendered for those patients who have third-party payor coverage. For uninsured patients who do not qualify for charity care, the Company recognizes revenue on the basis of its standard rates (or on the basis of discounted rates, if negotiated or provided by policy). Patients covered by insurance, but

required to pay deductibles or copayments are considered to be uninsured for those portions. Based on historical experience, the Company believes that a significant portion of its patient accounts will be uncollectible. Thus, it records a significant provision for bad debts related to patient accounts in the period the services are provided

The Company's allowance for doubtful accounts decreased slightly to 52% of patient accounts receivable at August 31, 2011, from 57% of patient accounts receivable at August 31, 2010 In addition, the Company's provision for doubtful accounts decreased $5.6 million to $13.5 million for fiscal year 2011 from $19 1 million for fiscal year 2010. Both decreases were the result of a concerted effort by the Company to write off amounts from patients and their guarantors that were uncollectible in fiscal year 2011. The Company has not changed its charity care or uninsured discount policies during fiscal years 2011 or 2010. Patient service revenue, net of contractual allowances and discounts (but before the provision for bad debts), included $295.2 million and $260 5 million from third-party payors and $13 4 million and $13 8 million from self-pay patients for the fiscal years ended August 31, 2011 and 2010, respectively.

14. HOSPITAL FEE PROGRAM

In January 2010, the State of California enacted legislation that provides for supplemental Medi-Cal payments to certain hospitals funded by a quality assurance fee paid by participating hospitals, as well as matching federal funds (the "hospital fee program"). In September 2010, this legislation was amended at the request of the Centers for Medicare and Medicaid Services (CMS). In October 2010, CMS substantially approved the program and the State of California began its implementation. The supplemental payments encompass fee-for-service payments directly from the California Department of Health Care Services, as well as payments routed through managed care plans. Supplemental payments and fees related to the hospital fee program in the amounts of $40,390,552 and $22,985,172, respectively, for the period from April 1, 2009 through December 31, 2010, were recorded in net patient service revenue and expenses — hospital fee program in the consolidated statement of activities for the fiscal year ended August 31, 2011.

The California Hospital Association created a private program, the California Health Foundation and Trust (CHFT), established for several purposes, one of which is aggregating and distributing financial resources to support charitable activities at various hospitals and health systems in California A pledge agreement was executed on March 1, 2010, between the Company and CHFT whereby the Company paid $1,076,788 in the fiscal year ended August 31, 2011, included in expenses — hospital fee program in the consolidated statement of operations, into a grant fund established by CHFT.

The payments and fees under the hospital fee program are retroactive to April 1, 2009, and are expected to continue through December 31, 2011, or longer if further legislation is passed. As of August 31, 2011, the Company had received $12,766,482 and paid $7,859,255 in supplemental payments and fees, respectively, related to the hospital fee program, for the period from January 1, 2011 through August 31, 2011, which includes $99,001 to be paid by the Company into a grant fund established by CHFT. As of August 31, 2011, supplemental payments received of $12,766,482 and supplemental fees paid of $7,859,255 are included in deferred revenue — hospital provider fee and other current assets — hospital fee program, respectively, in the consolidated balance sheets, pending final approval from CMS of this part of the program, which the Company expects to occur before the end of calendar year 2011.

* * * * * *

SUPPLEMENTAL CONSOLIDATING SCHEDULES

GOOD SAMARITAN HOSPITAL AND AFFILIATES

CONSOLIDATING BALANCE SHEET INFORMATION
AS OF AUGUST 31, 2011

ASSETS	Hospital	MOB	SIC	Eliminations	Total
CURRENT ASSETS					
Cash and cash equivalents	$ 13 112 846	$ 418,731	$ 291 575	$ -	$ 13 823,152
Patient accounts receivable — net of allowance for uncollectible accounts of $18,700,000	35,763,304	39,903	341,812		36,145,019
Due from affiliates	20 274 512			(20,274 512)	-
Inventories	1,399,114				1,399,114
Prepaid expenses	1 949 209	2,864	181 835		2 133 908
Pledges receivable and receivables under trust agreements — net	952,244				952,244
Assets whose use is limited	6 559 400				6 559 400
Other receivables	1,549,402				1,549,402
Other current assets — hospital fee program	7 859 255				7 859 255
Total current assets	89 419 286	461,498	815 222	(20,274 512)	70 421,494
INVESTMENTS	150,999 316	62 274			151 061,590
ASSETS WHOSE USE IS LIMITED — Net of current portion	72,959,696				72,959,696
PROPERTY AND EQUIPMENT — Net	92 608 426	2,512,437	2 375 087		97 495,950
OTHER ASSETS					
Receivables under trust agreements — net of current portion	13,159,425				13,159,425
Deferred financing costs — net	628 933				628 933
Total other assets	13 788 358	-	-	-	13 788,358
TOTAL	$ 419,775 082	$3,036,209	$3 190 309	$ (20,274 512)	$ 405 727,088

(Continued)

GOOD SAMARITAN HOSPITAL AND AFFILIATES

CONSOLIDATING BALANCE SHEET INFORMATION
AS OF AUGUST 31, 2011

LIABILITIES AND NET ASSETS	Hospital	MOB	SIC	Eliminations	Total
CURRENT LIABILITIES					
Accounts payable	$ 14,938,555	$ 3,661	$ 690 368	$ -	$ 15 632,584
Accrued payroll and related liabilities	15,869,603				15,869,603
Accrued liabilities	7,881,509	97 913			7,979,422
Current portion of long-term debt	4,150,000				4,150,000
Reserves for self-insured programs	6,233,552				6,233,552
Pension liabilities	1,319,512				1,319,512
Amounts payable under third-party reimbursement contracts	4,304,591				4,304,591
Deferred revenue — hospital provider fee	12,766,482				12 766,482
Due to affiliates		8,712,040	11,562,472	(20,274,512)	-
Total current liabilities	67,463,804	8,813,614	12,252,840	(20,274,512)	68,255,746
LONG-TERM DEBT — Net of current portion	60,880,882				60 880,882
RESERVES FOR SELF-INSURED PROGRAMS — Net of current portion	11,922,829				11,922,829
PENSION LIABILITIES — Net of current portion	5,802,862				5,802,862
OTHER LONG-TERM LIABILITIES	7,750,832	47 722			7,798,554
ANNUITY LIABILITIES	1,470,635				1,470,635
Total liabilities	155 291,844	8 861 336	12,252 840	(20 274 512)	156 131,508
COMMITMENTS AND CONTINGENCIES					
NET ASSETS (DEFICIT)					
Unrestricted	157 145,324	(5 825,127)	(9,062 531)		142 257,666
Temporarily restricted	48,497,591				48,497,591
Permanently restricted	58,840,323				58 840,323
Total net assets (deficit)	264 483,238	(5 825,127)	(9,062 531)	-	249 595,580
TOTAL	$419 775,082	$ 3 036 209	$ 3 190 309	$(20 274 512)	$405 727,088

(Concluded)

GOOD SAMARITAN HOSPITAL AND AFFILIATES

CONSOLIDATING STATEMENT OF OPERATIONS INFORMATION
FOR THE YEAR ENDED AUGUST 31, 2011

	Hospital	MOB	SIC	Eliminations	Total
REVENUES, GAINS, AND OTHER SUPPORT					
Patient service revenue — net of contractual allowances and discounts	$ 303,501,639	$ -	$ 5,118,393	$ (24,500)	$ 308,595,532
Provision for bad debts	13,383,200		86,803		13,470,003
Net patient service revenue less provision for bad debt	290,118,439		5,031,590	(24,500)	295,125,529
Rent revenue	714,315	2,715,641		(537,045)	2,892,911
Contributions	2,595,095				2,595,095
Other revenue	2,101,070				2,101,070
Investment income (loss)	9,273,290			(688,498)	8,584,792
Net assets released from purchase restrictions used for operations	1,979,197				1,979,197
Total revenues, gains, and other support	306,781,406	2,715,641	5,031,590	(1,250,043)	313,278,594
EXPENSES					
Salaries and benefits	140,588,255		1,889,811		142,478,066
Supplies	51,171,380		280,993		51,452,373
Services and other	42,586,459	1,248,208	3,124,565	(561,545)	46,397,687
Depreciation	9,643,947	512,995	898,787		11,055,729
Professional fees	5,538,286				5,538,286
Purchased labor	4,841,830				4,841,830
Interest	4,682,469	595,201	93,298	(688,498)	4,682,470
Insurance, taxes, and licenses	3,055,596	238,013	207,120		3,500,729
Hospital fee program	24,061,960				24,061,960
Total expenses	286,170,182	2,594,417	6,494,574	(1,250,043)	294,009,130
EXCESS (DEFICIENCY) OF REVENUES, GAINS, AND OTHER SUPPORT OVER EXPENSES	20,611,224	121,224	(1,462,984)	-	19,269,464
OTHER LOSSES					
Research institutes — net	(1,148,097)				(1,148,097)
Total other losses	(1,148,097)	-	-	-	(1,148,097)
EXCESS (DEFICIENCY) OF REVENUES, GAINS, AND OTHER SUPPORT OVER EXPENSES AND OTHER LOSS	$ 19,463,127	$ 121,224	$(1,462,984)	$ -	$ 18,121,367

GOOD SAMARITAN HOSPITAL AND AFFILIATES

CONSOLIDATING STATEMENT OF CHANGES IN NET ASSETS INFORMATION
FOR THE YEAR ENDED AUGUST 31, 2011

	Hospital	MOB	SIC	Eliminations	Total
UNRESTRICTED NET ASSETS					
Excess (deficiency) of revenues, gains, and other support over expenses and other losses	$ 19,463,127	$ 121,224	$ (1,462,984)	$ -	$ 18,121,367
Change in unrealized gains on investments — net	2,911,522				2,911,522
Pension-related changes other than net periodic pension cost	4,112,692				4,112,692
Net assets released from restrictions used for purchase of property and equipment	2,456,442				2,456,442
Increase (decrease) in unrestricted net assets	28,943,783	121,224	(1,462,984)	-	27,602,023
TEMPORARILY RESTRICTED NET ASSETS					
Contributions	6,262,704				6,262,704
Investment income	1,184,883				1,184,883
Change in unrealized gains on investments — net	(268,579)				(268,579)
Change in value of split-interest agreements	696,286				696,286
Net assets released from restrictions	(4,961,654)				(4,961,654)
Increase in temporarily restricted net assets	2,913,640	-	-	-	2,913,640
PERMANENTLY RESTRICTED NET ASSETS — Contributions					-
CHANGE IN NET ASSETS	31,857,423	121,224	(1,462,984)	-	30,515,663
NET ASSETS — Beginning of year	232,625,815	(5,946,351)	(7,599,547)		219,079,917
NET ASSETS — End of year	$ 264,483,238	$ (5,825,127)	$ (9,062,531)	$ -	$ 249,595,580

Additional Data

Software ID:
Software Version:
EIN: 95-1656366
Name: Good Samaritan Hospital

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Andrew Leeka CEO	55 00	X		X				556,235	0	10,530
Sushma Adarkar MD Trustee	1 00	X						0	0	0
George A Bender Trustee	1 00	X						0	0	0
Bruce Bennett Trustee	1 00	X						0	0	0
William M Bitting Trustee	1 00	X						0	0	0
Mrs Jack L Blumenthal Trustee	1 00	X						0	0	0
Mrs William H Borthwick Trustee	1 00	X						0	0	0
Rt Rev Joseph Jon Bruno Trustee	1 00	X						0	0	0
Mrs Richard W Call Trustee	1 00	X						0	0	0
Arthur L Crowe Jr Trustee	1 00	X						0	0	0
Mrs Victoria Seaver Dean Trustee	1 00	X						0	0	0
Robert E Denham Trustee	1 00	X						0	0	0
Eben Feinstein MD Trustee	1 00	X						0	0	0
John B Frank Trustee	1 00	X						0	0	0
James H Gipson Trustee	1 00	X						0	0	0
Ms Mimi Grant Trustee	1 00	X						0	0	0
Robert K Maloney Trustee	1 00	X						0	0	0
Mrs Angus M McLeod Trustee	1 00	X						0	0	0
Charles P Meister Trustee	1 00	X						0	0	0
Glen H Mitchel Jr Trustee	1 00	X						0	0	0
Peter W Mullin Trustee	1 00	X						0	0	0
Charles T Munger Trustee	1 00	X						0	0	0
Todd G Owens Trustee	1 00	X						0	0	0
Clark Willard Porter Trustee	1 00	X						0	0	0
Mrs Helen Lho Ryu Trustee	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Thomas L Shook MD Trustee	1 00	X						0	0	0
Stephen L Smith Trustee	1 00	X						0	0	0
Norman F Sprague III MD Trustee	1 00	X						0	0	0
Joseph P Van der Meulen Trustee	1 00	X						0	0	0
Warren B Williamson Trustee	1 00	X						0	0	0
Edward A Wopschall Trustee	1 00	X						0	0	0
Alan M Ino CFO	55 00			X				388,693	0	9,866
Susan Harlow VP, Development	40 00				X			248,306	0	7,695
Lexie Schuster VP, Human Resources	40 00				X			246,425	0	7,350
Sammy Feuerlicht VP, Bus Development	40 00				X			234,717	0	9,393
Dan McLaughlin VP, General Services	40 00				X			239,191	0	5,427
Patricia Rives VP, Nursing/Clinical Services	40 00				X			239,294	0	712
Berniece Deol VP, Nursing Services	40 00				X			218,636	0	239
Ching Chen Chief Radiation Physicist	40 00					X		247,840	0	9,666
Ira Meiselman Director, Managed Care	40 00					X		220,003	0	11,166
Hilarion Castillo Controller	40 00					X		211,348	0	8,733
Daniel Moreno Director Cardiology	40 00					X		209,577	0	7,347
Steve Garcia Dir Pat Financial svcs	40 00					X		176,370	0	10,664